

DATE: COURSE #: INSTRUCTOR:

**INITIAL EMT-INTERMEDIATE CANDIDATES: MUST TAKE THE NATIONAL REGISTRY EXAMINATION**

- REFRESHER EMT-INTERMEDIATE CANDIDATES: MAY TAKE THE STATE INTERMEDIATE EXAMINATION, HOWEVER; IF YOU CHOOSE TO TAKE THE NATIONAL REGISTRY EXAMINATION FOR RECERTIFICATION, YOU WILL VOID YOUR OPTION TO TAKE THE STATE INTERMEDIATE EXAMINATION. (Any Candidate may take an EMT-I refresher at any time to fulfil National Registry requirements)**

1. I understand that I may **not** enroll in an EMT-Intermediate refresher course (for the purpose of recertification of my state intermediate certificate) **before** the last twelve (12) months of my SC certification for the purpose of SC recertification.
2. I understand that I may **not** enroll in an EMT-Intermediate refresher course unless **I am or have previously been a SC certified EMT-INTERMEDIATE or I have written permission from SC DHEC. INSTRUCTOR NOTE: PLEASE ATTACH THE CANDIDATE’S LETTER OF PERMISSION TO ENROLL IN AN EMT-INTERMEDIATE REFRESHER COURSE TO THE GREEN APPLICATION CARD.**
3. I understand that I may miss 10% (5 hours) of the total classroom hours for any reason. I also understand that under extenuating circumstances, the **program coordinator** may allow me to miss **up to a total** of 20% (10 hours) of the total classroom hours. I understand that I must document (**in writing**) to the program coordinator’s satisfaction, the extenuating circumstance. **The program coordinator is under NO obligation to accept my documentation or extend me the additional 10% in allotted absences.** I understand that arriving to class late or leaving class early counts toward my allotted hours of time missed. I understand that **all** work missed must be made up at the convenience of and to the satisfaction of my instructor **before** completion of the last class. I understand that the make up of the work missed will **not** erase the hours of absences. I understand that once I have exceeded my hours of absences, I **will** be terminated from the course and will **not** be eligible to attempt the state certification examination.

EMT CANDIDATE NAME PLEASE PRINT	SOCIAL SECURITY NUMBER <i>Do NOT leave blank</i>										SC EMT CERTIFICATION # <i>(Refreshers only)</i>					EMT CANDIDATE SIGNATURE
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EMT CANDIDATE NAME PLEASE PRINT	SOCIAL SECURITY NUMBER <i>Do NOT leave blank</i>										SC EMT CERTIFICATION # <i>(Refreshers only)</i>					EMT CANDIDATE SIGNATURE
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*I verify that the above referenced class candidates have read and been provided with satisfactory explanations and discussions in regards to course eligibility and attendance requirements. I have witnessed all signatures and verified the status of all candidates. **All policies will be enforced.***

**INSTRUCTOR SIGNATURE / DATE:** \_\_\_\_\_  
 This form is to be completed at the **first** class meeting and must be **received** by DHEC within 10 days from the first class meeting. (Use additional forms classes greater than 24)